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APPLICANTS

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	401	10/97
TYPIST	gnt	4-10-97
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Final	Original	Date
1	2	12	12
2	3	13	13
3	4	14	14
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5	6	16	16
6	7	17	17
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38	39	49	49
39	40	50	50

SYMBOLS

- ✓ Rejected
- Allowed
- (Through numeral) Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Final	Original	Date
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